

ALARM LICENSE APPLICATION TOWN OF FOUNTAIN HILLS, ARIZONA

Please fill in all blanks applying to your business: ☐ Resident ☐ Non-resident ☐ New ☐ Branch location

BUSINESS NAME AND LOCATION INFORMATION: A separate application must be filled out for each branch establishment or separate place of business.

Business Name _____ Business Start Date @ this location _____

Local Manager's Name _____ Title _____ Business Phone No. _____ Fed. I. D. Tax # _____

List previous ownership and participation in other alarm & security companies _____

Complete physical address where business is located _____

Mailing Address if different from physical address _____

List Towns/Cities where business is transacted _____

OWNERSHIP INFORMATION: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other _____

*Attach additional sheet if necessary

1) _____
Name of Owner or Officer Date of Birth Title Home Phone Social Security Number

Driver's License Number Street Address City/Town State Zip

List all prior criminal convictions for the last five (5) years: _____

2) _____
Name of Owner or Officer Date of Birth Title Home Phone Social Security Number

Driver's License Number Street Address City/Town State Zip

List all prior criminal convictions for the last five (5) years: _____

3) _____
Name of Owner or Officer Date of Birth Title Home Phone Social Security Number

Driver's License Number Street Address City/Town State Zip

List all prior criminal convictions for the last five (5) years: _____

CORPORATION NAME AND ADDRESS: _____

Telephone No. _____ Statutory Agent _____

BUSINESS STATUS

Have you previously had a business license in Fountain Hills?

☐ Yes☐ No

If yes, please supply business name and address: _____

BUSINESS INFORMATION

Arizona Sales Tax License # _____

C-12 Contractor's License _____
Renewal Date _____and/or L67 Voltage Communication License _____
Renewal Date _____Contractors License #: Commercial _____ Residential _____ Renewal Date _____
(Attach copies of any licenses to verify compliance with all federal and state regulations pertaining to your trade, profession, occupation or business).For companies monitoring alarm systems, do you meet UL or FM standards? ☐ yes☐ no**List all agents, technicians, installers, or field personnel that will be working for your company in Fountain Hills.***Reminder: A 1" x 1" head photo of each person listed below must accompany the application.*

Name	Home Address	Date of Birth	Social Security Number	**Prior Criminal Convictions	Registered Security Guard? Yes or No

**** Except for minor traffic offenses, for five (5) years immediately preceding the application. Attach an additional sheet if necessary.**

1) **Return this completed application with a check or money order for the appropriate amount.**

Initial License application fee (\$100.00)
Initial annual license fee (\$30.00)
Fingerprint cards are required on all company officers, partners,
agents, installers, and field personnel. Criminal history investigation fee (\$25.00 each)

2) A **Certificate Of Liability Insurance** is required for evidence errors and omissions insurance and combined general comprehensive insurance in the minimum amount of one million dollars (\$1,000,000). The policy must specifically cover alarm systems.

3) **Complete** the agents, technicians, installers, or field personnel listing identifying all that will be working in Fountain Hills. A 1" x 1" head/shoulder photo for each employee is required. Please note that those listed will be the only personnel authorized to work in Fountain Hills. Additions or changes will require written notification within **ten (10) days** of employment and are subject to the \$25 charge for criminal history investigation fees. Authorized personnel will be issued an ID badge, which must be displayed at all times.

Send to completed application and fees to:

Town of Fountain Hills, Office of the Town Clerk
P. O. Box 17958
16836 E. Palisades Blvd., Bldg. A
Fountain Hills, AZ 85269
(480) 837-2003

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. *(Incomplete applications may not be processed).*

_____	_____	_____	_____
Date	Owner, Partner or Corporate Officer Signature	Printed Name	Title

----- **DO NOT WRITE BELOW THIS LINE** -----

Effective Period of License _____ Alarm License No. _____

Date Paid _____ Amount Received _____ Check No. _____

Approval Date _____ Denial Date and Reason for Denial _____

Signature of Town Marshal

Comments
